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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/941,399			ing Date 28/2001	To be Mailed	
	A	PPLICATION	AS FILE (Column 1		OTHER THAN SMALL ENTITY OR SMALL ENTITY								
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (N/A		· N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	,	
	TAL CLAIMS CFR 1.18(i))		minus 20 =		•			x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.18(h))	S	minus 3 =		•			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and of sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) ar			olication size fee due entity) for each fraction thereof. See							
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16										
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		· '	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT		CLAIMS	HIGHE								J.(.,		
	11/03/2006	REMAINING AFTER AMENDMENT		NUMBEI PREVIO PAID FO	USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 24	Minus	 24		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	 3		= 0		x \$ =		OR	X \$200=	0	
₩	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE	0	
√-9-17 (Column 1) (Column 2) (Column 3)													
ENT	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(1))	· 24	Minus	" 2 4		= /		x \$ =	1	OR	X \$ =		
	Independent (37 CFR 1.18(h))	. 3	Minus	ر		=		x \$ =		OR	x \$ =		
AMENDM	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
TOTAL ADD'L OR ADD'L FEE FEE													
IL	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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